


Decoding the Medicaid coupon

Please read the back of this card.

PO BOX 45531
OLYMPIA WA 98504-5531

 MEDICAL IDENTIFICATION CARD

This Card Valid From: 02/01/2003
To: 02/28/2003

LANGUAGE: KOREAN F06

Patient Identification Code (PIC)				Medical Coverage Information							
Initials	Birthdate	Last Name	TB	Insurance	Medicare	HMO	Detox	Restriction	Hospice	DD Client	Other
First and middle initial of client's name	Client's date of birth	First 5 letters of the client's last name	Assigned by MAA	Private Health Insurance		Health Plan if enrolled					

Client's eligibility program

A new language identifier was added to the top of the medical ID card to help providers identify the client's primary language for interpreter services.

CNP
800-440-1561 BHPP CHPW
Case Number

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE DSHS 06-028
(REVISED 08/93)(AC 06/1996)

NOT TRANSFERABLE
SIGNATURE (Not Valid Unless Signed)

The Medical Assistance identification coupon includes several codes to help providers. The new language identifier will be listed at top center.

- **Client eligibility code:** Alphanumeric code listed to the right of the new identifier defines the specific coverage that applies to the client. Medicaid is broken down into more than a dozen specific programs, which range from categories like pregnant women, aged or disabled to family planning clients, who do not receive medical coverage.
- **TB:** This is an extra “tiebreaker” character that may be needed to distinguish two clients from each other.
- **Insurance/Medicare:** Clients who have private health insurance or Medicare in addition to Medicaid have that designated on their coupons because Medicaid is a secondary payer in those circumstances (i.e., providers must bill the other payers first).
- **HMO:** About half of the state’s 900,000 Medicaid clients are enrolled in a managed-care program called Healthy Options with a private HMO.
- **Detox:** Eligibility for alcohol or drug detox programs.
- **Restrictions:** Clients may have restrictions on coverage – for example, clients may be restricted to a single pharmacy or doctor based on their history.
- **Hospice:** Used if client has chosen hospice care.
- **DD:** Used if patient is also a client of DSHS Developmental Disabilities Division.
- **Other:** Not currently in use. Blank area at bottom of the coupon can be used for other information – for example, plan telephone numbers or a guardian’s name and address, for example.

Additional information about the medical coupon and Medicaid eligibility codes are at <http://maa.dshs.wa.gov/Eligibility> under "PDF Version of Medical Eligibility Overview"